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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:				ey Dock	et No.		UISD:533USR1					
				lamed In	ventor	_	Phillip D. Purdy					
Assistant Commissioner for Patents Box Reissue				Original Patent Number			5,925,062					
Washington, DC 20	1231			Original Patent Issue Date 7–20–99								
Washington, DC 20231				(Month/Day/Year) Express Mail Label No.								
			Expres	ss Maii L	apei No.	EL 56433	8925US					
(Check applicable box)	nt	Design Patent Patent Plant Patent										
APPLICATION ELEMENTS (37 CFR 1.173)				ACCOMPANYING APPLICATION PARTS								
1. Y Fee Transmittal Form (PTC (Submit an original, and a duplicate t	10.	10. X Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).										
2. Applicant claims small entity	Applicant claims small entity status. See 37 CFR 1.27.						11. Original U.S. Patent for surrender					
3. X Specification and Claims in format (amended, if appropriate a		of patent		Ribboned Original Patent Grant								
	Drawing(s) (proposed amendments, if appropriate)					Statement of Loss (PTO/SB/55)						
5. X Reissue Oath/Declaration (of (37 C.F.R. § 1.175) (PTO/S	12.	12. Foreign Priority Claim (35 U.S.C. 119) (if applicable)										
6. X Power of Attorney						13. Information Disclosure Copies Statement (IDS)/PTO-1449 Citation						
7. Original U.S. Patent currently ass	14.		ılish Translati pplicable)	ion of Reissue O	ath/Declaration	on						
(If Yes, check applicable box(es))				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
Written Consent of all Assignment	15. X	15. X Preliminary Amendment										
37 C.F.R. § 3.73(b) Statem (PTO/SB/96)	16. X	16. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized)										
8. CD-ROM or CD-R in duplic or large table	17.											
9. Nucleotide and/or Amino Acid Seq (if applicable, all of the following a												
a. Computer Readable Form												
b. Specification Sequence Listing on: i □ CD-ROM (2 copies) or CD-R (2 copies); or												
ii □ paper												
c. Statements verifying ident	ity of above copies											
	18. CORRESP	ONDENCE A	DDRESS									
Customer Number or Bar	100000	Customer No. or Atta	ch bar code labe		or 🗓 Con	respondence add	iress below					
Name Mark T.	Garrett	Consider control (************************************	Total Control of State Control									
FILBRIG	HT & JAWORSK	KI LLP			···							
Address	gress Ave.,		-		Zip Code	78701						
City / Nuctin		State				(512) 536–4598						
Country U.S.A.		Telephone	(512)	474-	i			_				
NAME (PrintlType) Mar	k T. Garrett		Registration	No. (Attori	ney/Agent)	44,699						
Signature (Pilital Type)					7/19/01							

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PTO/SB/56 (02-01)
Approved for use through 01/31/2004. OMB 0651-0033
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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional)				
			Cla	ims as	Filed - Part	1				
Claims in		Numb	er Filed in		(3)	Small E	ntity		Other than a S	Small Entity
Patent			Application	Nun	ber Extra	Rate	Fee		Rate	Fee
(A) 21 (C) 3	Total Claims (37 CFR 1.16(j)) Independent claims (37 CFR 1.16(j))	(B) Z (D)	11 7	***	20 =	x \$= x \$=		or	×\$18_= 80 ×\$=	360.00 320.00
Basic Fee (37 CFR 1.16(h)) \$ \$ <u>710.00</u>										
Total Filing Fee \$ OR \$1,390.00										
Claims as Amended - Part 2										
	(1)	1	(2)		(3)	Small F	Entity Other than a Small Entity			
	Claims Remaining After Amendment	aims Remaining Highest Number ter Amendment Previously		ly	Extra Claims Present	Rate	Small Entity Rate Fee		Rate	Fee
Total Claims (37 CFR 1.16()	***	MINUS	Paid Fo	<u> </u>	* =	x\$=			x \$=	
Independent	***	MINUS	****		=	x\$ =		1	x\$=	
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	(D) is less than the ent									
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*** After any ca	ancellation of claims.									1
**** If "A" is gre	eater than 20, use (B - A	A); if "A" is	s 20 or less, us	se (B -	20).					j
**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20). ***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).										
Applicant claims small entity status. See 37 CFR 1.27.										
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•	e copy of this sheet is e				1.6	07 OED 4	1C 4 4	7	h may ba sag	irod or
The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>50–1212/10017629/MTG</u> A duplicate copy of this sheet is enclosed.										alled, Ol
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7/19/01 Date Signature of Applicant, Attorney or Agent of Record Mark T. Garrett; Reg. No. 44,699 Typed or printed name										

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Phillip D. Purdy

Serial No.: Unknown

Filed: Unknown

For: INTRAVASCULAR DEVICE

Group Art Unit: Unknown

Examiner: Unknown

Atty. Dkt. No.: UTSD:533USR1/MTG

EXPRESS MAIL MAILING LABEL

NUMBER <u>EL 564338925 US</u>

DATE OF DEPOSIT July 19, 2001

STATEMENT OF STATUS OF CLAIMS PURSUANT TO 37 C.F.R. § 1.173(c)

Commissioner for Patents Washington, D.C. 20231

Sir:

The active claims in this case are claims 1 - 21, as issued in U.S. Patent No. 5,925,062, granted on July 20, 1999. Claims 22-41 are added by virtue of the preliminary amendment filed herewith. Support for the added claims appears throughout the specification of the patent, including the figures, and in the claims originally filed.

Respectfully submitted,

Mark T. Garrett Reg. No. 44,699

Attorney for Applicant

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Date: July 19, 2001